

# REGISTRATION FORM

## PERSONAL DETAILS

Name:	Phone:
Address:	
City:	State:
PC:	D.O.B:
Email:	
Shirt Size:	

## GOLF HISTORY

Handicap:	_____
Golf Link No:	_____
Home Club:	_____
Lowest Achieved Handicap:	_____
Best Area Of My Game:	_____
Worst Area Of My Game:	_____

## PROGRAM DETAILS

Preferred Program:	_____
Number of Days For Stay:	_____
Commencement Date:	_____
Do you require Accommodation?:	_____
Do You Require a Club Fitting Session?:	_____

## PAYMENT DETAILS

Preferred Payment Method:	_____
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## OFFICE USE:

Amount:	_____
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Once completed, please email form to [info@australiangolfschools.com.au](mailto:info@australiangolfschools.com.au)

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